

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1042

DOCUMENT # P99000046534

1. Entity Name

BASS & YINNADGE INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 16 PM 2:27

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1144 E. TENN. ST.

3. Mailing Address

1144 E TENN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TLH FL

City & State

TLH FL

4. FEI Number

593578998

Applied For

Not Applicable

Zip

32308

Country

LISA

Zip

32308

Country

LISA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT BASS

Street Address (P.O. Box Number is Not Acceptable)

1144 E. TENN ST.

City

TLH

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/16/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BASS, R.E.
1144 E TENN ST
TLH FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900008725739
10/31/02--01050--015 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAC
O'HAGSLOVER, WALTON
TLH FL 32302
2910 Butler Way Dr.

TITLE
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STREET ADDRESS
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2012

10/16/02

DEPT OF STATE

WE CANNOT FIND AND ASSUME
WE DID NOT RECEIVE OUR REPORTING
FORM FOR BASS VIRNICKS INC FOR THE
YEAR 2002 #P99000046534

A handwritten signature in black ink, appearing to be "R. M. H." or similar, written in a cursive style.